

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/523312

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3	1		1		1	
4	1					
5		2		2		2
6		2		2		2
7		2		2		2
8		2		2		2
9		2		2		2
10	1	2	1		1	
11	1	2				
12		2		2		2
13		2		2		2
14	1	2		2		3
15		2		2		
16		2		2		2
17		2	1		1	
18		2		1		1
19						1
20						1
21					1	
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50						
TOTAL IND.		↓	4	↓	5	↓
TOTAL DEP.		←	23	←	28	←
TOTAL CLAIMS			27		33	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						